

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morone  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749588 (0)  
1. Corporation Name  
SARASOTA-MANATEE SECTION NATIONAL COUNCIL OF JEWISH WOMEN, INC.

Principal Place of Business: 1800 2ND ST., SUITE 870 SARASOTA FL 34236  
Mailing Address: 1800 2ND ST., SUITE 870 SARASOTA FL 34236-5964

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
WEISNER, IRA S  
1800 2ND ST., SUITE 870  
SARASOTA FL 34236

3. Date Incorporated or Qualified: 10/30/1979  
3a. Date of Last Report: 05/20/1996  
4. FEI Number: 59-1940872  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	FISHER, MILDRED	1.2 NAME
STREET ADDRESS	5780 MIDNIGHT PASS RD, #303B	1.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	CHEZAN, HELEN B	2.2 NAME
STREET ADDRESS	5750 STONE POINT DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34233	2.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	ROBERTS, LOUISE	3.2 NAME
STREET ADDRESS	7565 FAIRLINKS COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34243	3.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	SCOTT, LEA	4.2 NAME
STREET ADDRESS	6748 PASEO CASTILLE	4.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34238	4.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	DAVIS, GLORIA	5.2 NAME
STREET ADDRESS	1427 SEAFARER DRIVE	5.3 STREET ADDRESS
CITY-ST-ZIP	OSPREY FL 34229	5.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	VOLPE, DOLORES	6.2 NAME
STREET ADDRESS	1100 IMPERIAL DR. #605	6.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL 34238	6.4 CITY-ST-ZIP

Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LEANORE E. SCOTT	
6746 Paseo Castille	
Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
"D" Roz Surrey	
7090 Fairway Bend Circle	
Sarasota, FL 34243	
V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Laurice Fishman	
5624 Country Club Way	
Sarasota, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Mimi Berman	
3801 Fishing Trail	
SARASOTA, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
"D" Gloria Davis	
1427 Seafarer Drive	
Osprey, FL 34229	
"D" Shirley Gordon	
3727 Center Gate Drive	
Sarasota, FL 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)